

FILED JUN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17260
Registrar's No. 1922

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sherman Hotel 1 9th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kan City, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Sherman Hotel
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th
year 1941 hour 4 minute 45 A.M.
21. I hereby certify that I attended the deceased from Apr. 20,
1941 1941 to May 15, 1941;
that I last saw him alive on May 15, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Myocarditis, Chronic
Due to Unresolved
(lobar) pneumonia 11mo.
Due to HE
Other conditions 10/6
(Include pregnancy within 3 months of death)

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy Unresolved pneumonia (left)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury 2
23. Signature F.W. Thompson (M. D. or other) DO
Address 1010 Chamber's Bldg Date signed May 15, 41

3. (a) PRINT FULL NAME Joseph Fields

3. (b) If veteran, name war V 3. (c) Social Security No. 4488

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced M/I

6. (b) Name of husband or wife Carrie 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased. May 18 1881
(Month) (Day) (Year)

8. AGE: Years 59 Months 11 Days 27 If less than one day hr. min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Fire Man

11. Industry or business same

12. Name John Field

13. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Betty Lou Carter

15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Carrie Field

(b) Address Sherman Hotel

17. (a) Cremation (b) Date thereof 5/17/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cremation Elmwood Cem

18. (a) Signature of funeral director Roy Elmer Mayhew

(b) Address 2315 Lindwood Blvd

19. (a) May 16-1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

66714

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Ray E. Snow

Licensed Embalmer No. *2560*

P. O. Address. *1807 East 29th*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.